

Medical Practice, Inc.  
1010 health Blvd  
Anytown, Idaho Zipcode

## EXAMPLE

### BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

MEDICAL PRACTICE, INC.

**PROVIDER,**

v.

SURETY CORP.,

**PAYOR.**

### MOTION TO PRESENT ADDITIONAL EVIDENCE

DISPUTE NO.: 99009999

## EXAMPLE

**PATIENT:** Ima Hurt

**SOC. SEC. NO:** 999-99-9999

**DATE(S) OF SERVICE:** Dec 25, 1999

**DISPUTED AMOUNT:** \$ 45.54

COMES NOW Medical Practice, Inc., Movant, pursuant to **Judicial Rule (B)(3)(b)** as **referenced in IDAPA 17002.08.032** and requests that the Industrial Commission of the State of Idaho receive further evidence in support of Movant's Motion for Reconsideration filed in this matter.

1. The reason Movant requests leave to submit additional evidence is because shows the correct addition.
2. Movant desire to present the following evidence:
  - a. Spreadsheet showing correct math.
  - b. Legible copy of bill showing correct codes.
3. The proposed evidence is relevant to the issue(s) before the Industrial Commission because the addition in the Administrative Order was incorrect, and because the previous bill could not be read, so the wrong code was considered.

4. The proposed evidence was not presented to the staff because at the time, Movant was not aware that staff could not read the bill, and because Movant was not aware that the addition would be incorrect.

5. Movant seeks to present this evidence by including documents attached hereto.

I certify that the information herein is true and accurate to the best of my information and belief.

DATED This \_\_\_\_ Day of \_\_\_\_\_, 1999.

## EXAMPLE

BY: \_\_\_\_\_  
Signature of Authorized Agent

### CERTIFICATE OF SERVICE

I hereby certify that on the \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_, a true and correct copy of this Administrative Order was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION  
MEDICAL FEE DISPUTE COORDINATOR  
PO BOX 83720  
BOISE, ID 83720-0041

US Mail \_\_\_\_\_  
Hand Delivery \_\_\_\_\_  
Fax \_\_\_\_\_

Other Party's Address:  
SURETY CORP  
SURETY PLAZA  
SUITE 100  
BOISE, ID 83701

US Mail \_\_\_\_\_  
Hand Delivery \_\_\_\_\_  
Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent